# US reroutes passengers from Uganda for screening as Ebola outbreak spreads

**Benjamin Mateus**
**9 October 2022**

As the Ebola outbreak intensifies in Uganda, the Biden administration announced last Thursday that all passengers who had been in the African nation in the last 21 days would be diverted to airports in New York, Newark, Atlanta, Chicago or Washington where the Centers for Disease Control and Prevention (CDC) and the Department of Homeland Security's Customs and Border Protection would conduct screening to determine if they are infected.

As *Politico* recently noted, "The FAA could not immediately provide a list of how many flights from Uganda head stateside on a daily basis, but foreign carriers such as KLM and Emirates offer flights to multiple American destinations."

Besides a risk assessment, visual symptoms and temperature check, the travelers' contact information would be shared with local and state health departments. However, rather than offering Uganda the necessary expertise or the funds requested by the World Health Organization (WHO) to contain and combat the spread of the deadly virus, Health and Human Services Secretary Xavier Becerra offered Ugandan Health Minister Dr. Jane Aceng Ocero a perfunctory message of goodwill, saying that the administration was ready "to support Uganda through this challenging period."

The WHO has released $2 million from its contingency fund for emergencies and sending additional specialists, supplies and resources. But this tiny amount will hardly cover the cost of a large-scale public health intervention to stamp out the Ebola outbreaks that threatens to spill over into Uganda's densely populated capital, Kampala. The international agency had called for $18 million, but Ugandan health officials had indicated that far more would be required to cover logistics and manpower.

Since the declaration of the Ebola outbreak on September 20, 2022 by Ugandan health officials, the number of confirmed and probable cases of Ebola infections with the rare Sudan virus has climbed to 43 confirmed and 20 probable cases, 63 in all. At present, there are no vaccines or treatments that are effective against this strain of the Ebola virus. The last outbreak with the Sudan virus in Uganda occurred 10 years ago.

WHO Chief Scientist Dr. Soumya Swaminathan explained that six different vaccines are at various stages of development, and trials with either the University of Oxford or Sabin Vaccine Institute vaccines will hopefully begin in the coming weeks.

During the WHO press briefing last week, she said, "Our R&D Blueprint team, led by Ana Maria Henao, has been working very closely with the Ugandan Ministry of Health but also with other partners, including CEPI (Coalition for Epidemic Preparedness Innovations) and with the manufacturers. There are about six vaccine candidates available for the Sudan Ebola virus, which are mostly in very early stages of development, but three of them have some human data, some immunogenicity and safety data, and so they can actually proceed to be used in the field in a ring vaccination campaign, similar to what was done in the Ebola outbreak in DRC [Democratic Republic of Congo] a couple years ago."

With regards to the two leading candidates, she added, "There are very limited doses available, unfortunately, of both of them. There is raw material, so there has to be some fill and finish to make the product ready, and at the same time, of course, a protocol has to be developed, submitted to the Ethics Review Committee. The principal investigator has been identified, funding is being mobilized and so all the preparations are ongoing."

There have been 29 deaths as of October 5, of which nine have been confirmed as related to Ebola. These include four health care workers, the latest a 58-year-old anesthetic officer, Nabisubi Margaret, who died on October 4 after battling her disease for 17 days at Fort Portal referral hospital. However, six more health care

© World Socialist Web Site

workers have been infected.

More concerning is that the outbreak has now spread to at least five sub-counties that include Mubende and Kassanda districts in Central Region, and Bunyangabu, Kagadi and Kyegegwa districts in Western Region, Uganda, both on a busy commercial corridor that connects Kampala to the Democratic Republic of Congo (DRC). However, a recent report in the *Monitor* noted that a person suspected of Ebola died in the Northern District of Nebbi, far from the current outbreaks.

On October 5, 2022, a 57-year-old man died two hours after being admitted to Orussi Health Center III in the Nebbi District situated at the border of the DRC and Lake Albert. The district's health officer, Dr. Justine Okwairworth, told the press, "The deceased presented acute signs and symptoms, especially fever, bloody diarrhea and vomiting of blood. We then became suspicious of this and collected blood samples which we forwarded and are waiting results."

The deceased had attended a burial ceremony for a relative in the neighboring DRC where it is suspected he became infected. One of the elements of the posthumous rites and burial traditions for the displaying of grief is to wash and dress the body of the deceased, which risks infection if Ebola was the cause of death.

In the case of the Ugandan elderly man, it remains to be seen if the virus is of the Sudan strain and part of the current outbreak ,which would imply the spread is dispersed far more broadly. Introduction of the Zaire strain in this region would mean potentially two simultaneous outbreaks. Regardless, it raises further the specter of the ongoing threat posed by Ebola in the region and neighboring countries.

Since the mid-90s, there have been around two dozen outbreaks reported across Central and West Africa. The largest epidemic, between December 2013 and June 2016, was spread across Liberia, Sierra Leone and Guinea with local outbreaks in Nigeria, Mali, Senegal and exported to the United States, Spain, the United Kingdom and Italy. In all, almost 29,000 people were infected, and 11,310 people died from the Ebola Zaire virus. Fatality rates ranged from 57 to 71 percent.

The current fatality rate with the Sudan virus is over 40 percent, which underscores the seriousness of these infections. It is not a matter of if but when an outbreak with such pathogens will emerge more broadly across the globe. The COVID-19 pandemic has demonstrated that not only were capitalist governments unprepared for the eruption of these pathogens, but they have also gone as far as completely dismantling their public health systems to prevent any interruption in the drive to exploit the working class.

Yoweri Museveni, Uganda's president for life, recently said, "I want to reassure all Ugandans and all residents that the government will quickly gain control of this outbreak as we have done before. Therefore, there is no need for anxiety, panic, restriction of movement, or unnecessary closure of public places like schools, markets and places of worship as of now."

Meanwhile, as Aceng noted, health authorities are fighting misinformation and mistrust of the public at the epicenter of the outbreak in Mubende district. She told the press, "People are not dying of witchcraft, they are dying due to Ebola. The public should cooperate with the health workers and response teams to curb the spread of this outbreak."

However, frontline health workers are also facing concerns about their own safety. As *TheLancet* wrote on Saturday, "There is also the challenge of allaying the concerns of front-line health workers regarding their safety. Trainee medics announced a strike, accusing the government of risking their lives without making adequate provision for safety gear, insurance coverage, and risk allowances."

Dr. Gary Kobinger, a virologist and Ebola specialist at the University of Texas Medical Branch in Galveston, told *Nature* that the vaccines and antivirals by themselves will not end the outbreak. With the geographic boundaries of spread increasing and resources overstretched, the virus "could easily find new footholds," as is being demonstrated now. "Right now, the outbreak is at a make-or-break moment," he said. Hopeful that the current measures will contain the outbreak, he is concerned that it could "really get out of hand."

To contact the WSWS and the Socialist Equality Party visit:

**wsws.org/contact**

© World Socialist Web Site